

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10811166

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2		/					
3		/					
4							
5							
6		/					
7		/					
8		/					
9		/					
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47							
48							
49							
50							
TOTAL IND.	/						
TOTAL DEP.	32	↔		↔		↔	
TOTAL CLAIMS	33	[shaded]	[shaded]	[shaded]	[shaded]	[shaded]	

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[shaded]	[shaded]	[shaded]	[shaded]	[shaded]